



The Problem is the Problem: An Introduction to Narrative Therapy Interventions

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Narrative Therapy Overview

Outlined by White and Epston in the 1980s

Influenced by postmodernism and social construction.

Our narratives (stories we tell ourselves) drive our experience. Changing our stories can change how we experience life. ***It is not our circumstances, but our perception of our circumstances, that is changed.***

Role of the therapist is to create an environment where clients are empowered to find their voice, tell their story, and write new stories that work better for them.

Postmodern Therapy

Modernist Therapies (CBT, DBT, Behavioral, etc.):	Postmodern Therapies (NT, SFT, CLT, etc.):
<p data-bbox="242 539 1174 739">Objective right & wrong, though use words like healthy & unhealthy or effective & ineffective.</p> <p data-bbox="402 843 1014 901">Pathologizing tendency.</p> <p data-bbox="180 996 1240 1125">Emphasizes therapist as expert. May take collaborative approach.</p>	<p data-bbox="1294 539 2390 746">Focus is on what works and does not work for the client without any notion of pre-determined right and wrong.</p> <p data-bbox="1595 843 2079 901">Non-pathologizing.</p> <p data-bbox="1307 996 2372 1125">Emphasizes client as expert. Always takes collaborative approach.</p>

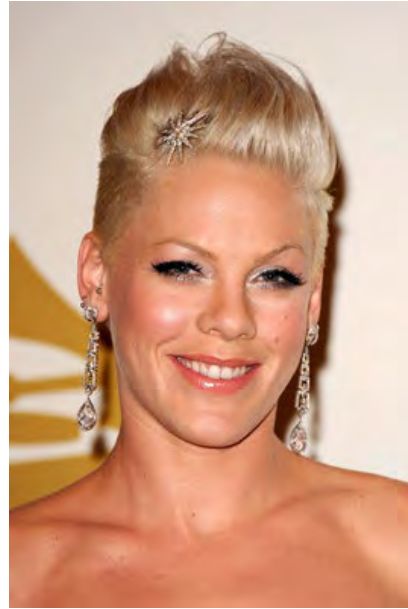
Social Construction



Our experience of reality is constructed by interactions with our social environment.

It is the idea that who we are, what we do, what things mean has been formed by social connections and interactions with those in our environments (Freedman & Combs, 1996).

Social Construction



Social Construction

What does it mean to be a man? A woman?

What is better: Abstinence or Harm Reduction?

How do you signal “goodbye” or “come over here”?

Have you ever been certain of something at one time and thought differently about it at another?

How did that impact your worldview? When you were sure something was true or real? When it became untrue or unreal?

What Is Belief?

Beliefs refer to “fundamental representations of imaginative and emotional content that link an individual’s prior experience with his/her future behavior” (Seitz, 2022). [*and perception*]

“...due to differences in social information that individuals receive and differences in sociocultural environments in which individuals develop and live, beliefs vary greatly across different human societies.” (Han, 2022)



Narrative Therapy Overview



Narrative Therapy Interventions

Listening – Creating a space for the story to be told

Mapping the Influence of the Problem – Deconstructing by digging in and exploring details

Externalization – The problem, not the person, is the problem

Unique Outcomes – “When is the problem not a problem?”

Re-storying – Co-authoring a new narrative with the client

Research

Karibwende, F., Niyonsenga, J., Biracyaza, E., Nyirinkwaya, S., Hitayezu, I., Sebatukura, G. S., Ntete, J. M., & Mutabaruka, J. (2023). **Efficacy of narrative therapy for orphan and abandoned children with anxiety and attention deficit and hyperactivity disorders in Rwanda: A randomized controlled trial.**

Lely, J. C. G., Ter Heide, F. J. J., Moerbeek, M., Knipscheer, J. W., & Kleber, R. J. (2022). **Psychopathology and resilience in older adults with posttraumatic stress disorder: A randomized controlled trial comparing narrative exposure therapy and present-centered therapy.**

- Circumstances did not change...Experience of circumstances did

Research

Szabó, J., Tóth, S., & Karamánné Pakai, A. (2014). **Narrative group therapy for alcohol dependent patients.** *International Journal of Mental Health and Addiction*, 12, 470-476.

- Group therapy process of re-storying towards language that was reflective of recovery language.
- Decreased hopelessness.
- Improved means-end problem solving. (I can see clearly now...)

Client: "H"

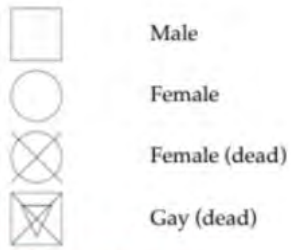
82-year-old Caucasian, Jewish, cisgender heterosexual male. Retired businessman. Bachelor's degree in business. Widowed. Was married 60 years to "A". Two biological adult sons. Two adopted grandchildren and one biological grandchild. Identifies as alcoholic in recovery with deep ties to AA.



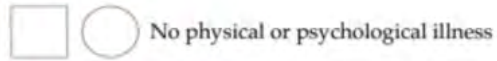
Presenting Issues

In January of 2023 “A” died suddenly and unexpectedly. Two weeks later his son “Ab” died suddenly and unexpectedly from a drug overdose. H is in long-term recovery from alcoholism and had a relapse. He presented to me specifically for grief counseling as part of his SUD recovery program.

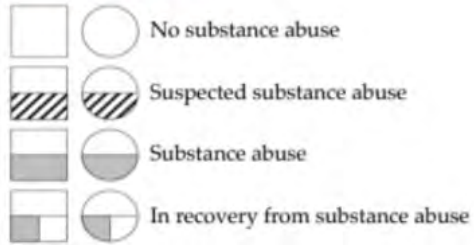
His stated goals are “I want to learn how to move past the pain, but I don’t want to let go of A” and “I desperately want to reconnect with God of my understanding”



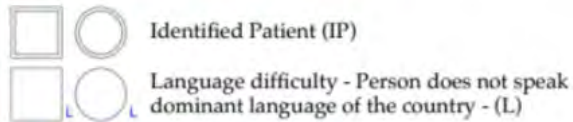
Illnesses Markers:



Addictions Markers:



Additional Individuals Markers:



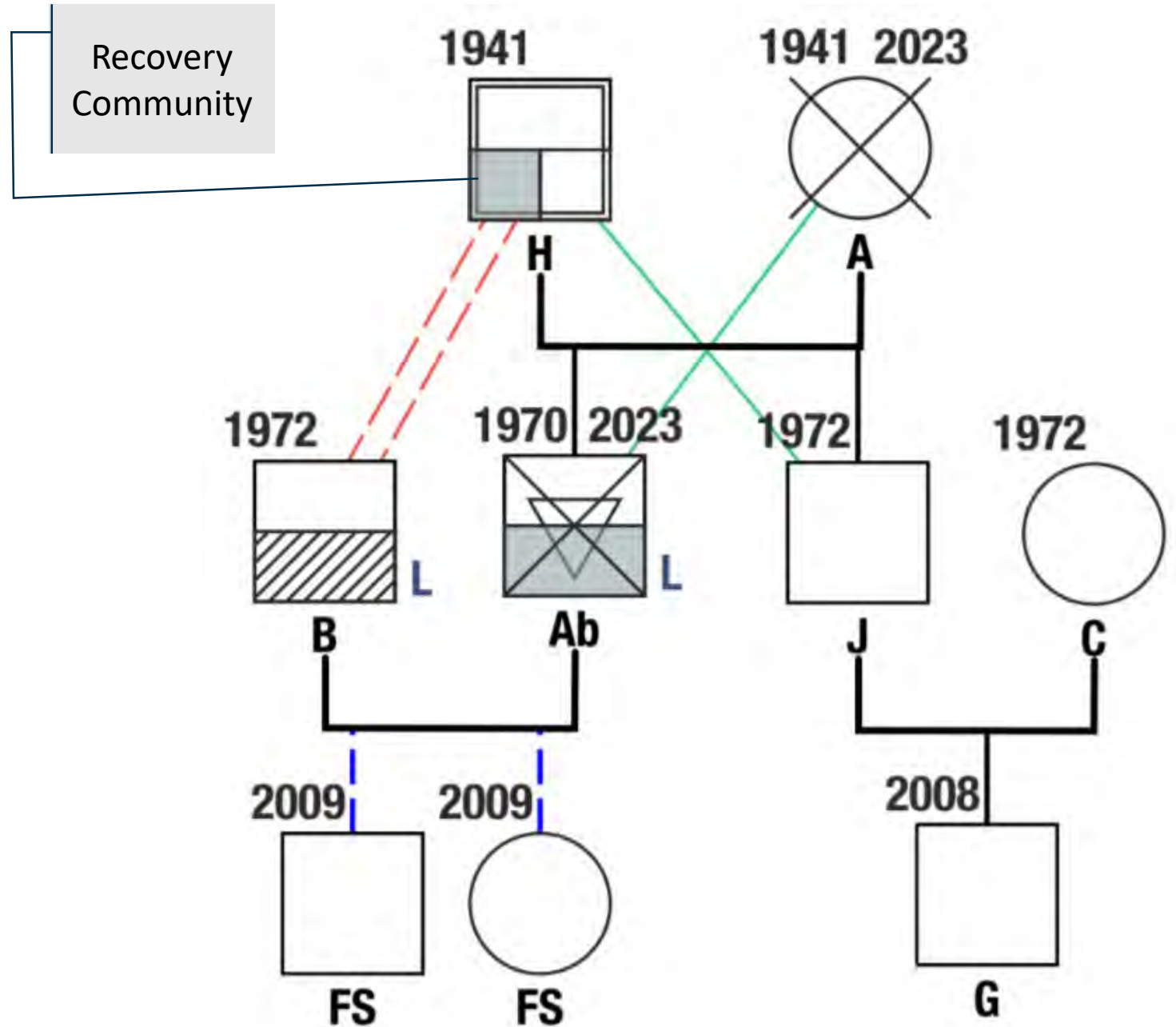
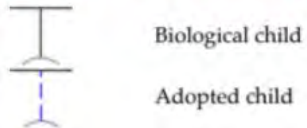
Family Relationships Symbols:



Emotional Relationships Symbols:

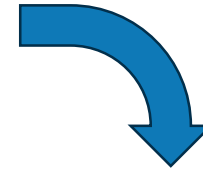


Child/Parents Relationship Symbols:



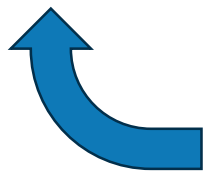
Systemic Conceptualization

H receives support from community who has become even more family-like to him



H presses more into community and sense of being different and disconnected is magnified

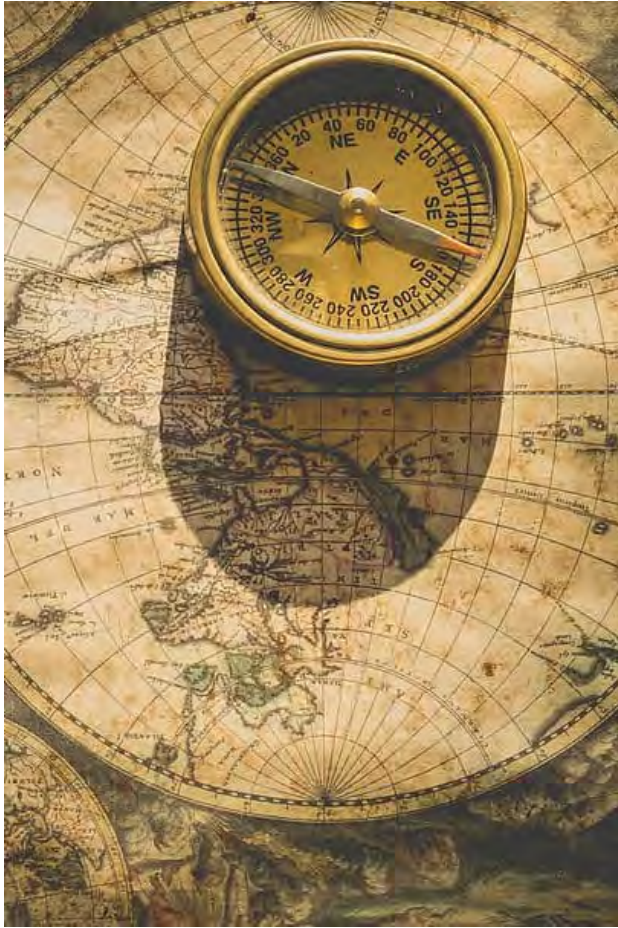
H compares self to others in community and sees self as different



H interprets different as “stuck” or “wrong” and creates narrative of being disconnected



Therapeutic Direction



Explore and express life narrative, identifying elements that work and are not working for H.

Re-story narratives specifically related to:

Moving from **TO** Moving with

Stuck/Wrong **TO** Individual

Can't live without her **TO** I can and will live the rest of my life to the fullest

Storytelling



Listening – Experiencing the Narrative (6:13)

H tells the story of his love and his loss by asking me to read a poem he wrote to A 10 years ago.

Around 5:30 I miss that he is still in story process and nearly throw it off.

Mapping the Influence (Deconstructing)

A describes feeling like something is wrong with him because he thinks he should have had more of an emotional breakdown at the death of his wife. Exploring with him what “normal” or “appropriate” is helps him to engage a new narrative that he has been working to adopt which is “I am human and we all process loss in our own unique ways”.

Mapping the Influence (Deconstructing) Example 2

H defining the consuming elements of feelings about not being able to help his grandchildren being both frustrating and relieving to provide space for him to normalize both.

Eternalization

H is frustrated with his son-in-law's behavior and is focused on him as the problem. We separated (externalized) the problem from the SIL to what H was really concerned about which is the well-being of his grandchildren.

Unique Outcomes

H wants to reconnect in his relationship with God of his understanding and describes a narrative of others being connected in a way that he cannot. We explore times when he has had the connection that he describes wanting.

Re-storying / Making Meaning (1:46)

H is considering what it means to be in the final years of his life. He begins moving from “I can’t do anything without her” to “We had a blast, and I should make the most out of this time that I have.”

References

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Research

Karibwende, F., Niyonsenga, J., Biracyaza, E., Nyirinkwaya, S., Hitayezu, I., Sebatukura, G. S., Ntete, J. M., & Mutabaruka, J. (2023). Efficacy of narrative therapy for orphan and abandoned children with anxiety and attention deficit and hyperactivity disorders in Rwanda: A randomized controlled trial.

Population	Abandoned children with symptoms of ADHD and/or anxiety disorder living in SOS Children's Villages in Rwanda. N=72. 6-12 years old with mean age=10. M=47, F=25.
Description	Children were randomly separated into Narrative Therapy (NT) intervention group (n=36) or control waitlist group (n=36). Intervention group received 10 weeks of weekly group NT. Pre-test immediately prior to intervention and 10 weeks post included socio-demographic questionnaire, SWAN, and SCARED-C
Findings	There was significant decrease in ADHD and anxiety symptoms in the intervention group and no statistically significant improvement in the waitlist group.
Relevance	NT appears to be effective in decreasing symptoms associated with nervous system arousal even without change in environment or circumstances (broadly).

Research

Lely, J. C. G., Ter Heide, F. J. J., Moerbeek, M., Knipscheer, J. W., & Kleber, R. J. (2022). Psychopathology and resilience in older adults with posttraumatic stress disorder: A randomized controlled trial comparing narrative exposure therapy and present-centered therapy.

Population	Adults aged 55 and older diagnosed with PTSD and receiving outpatient counseling services. N=33. Mean age 63.81.
Description	Patients were randomly assigned to 11 sessions of either Narrative Exposure Therapy [NET] (n=18; M=13, F=5) or Present-Centered Therapy (PCT) intervention groups. Assessments completed pre-treatment, post-treatment, and 4 months post. HTC, BDI-II, BSI, GSES, WHOQOL-BREF, MWS.
Findings	Symptoms of PTSD, depression and general psychopathology improved more in the NET group compared to the PCT group, though both provided benefit.
Relevance (General)	Older adults who have experienced traumatic events respond positively to treatment and are able to experience reduction in symptoms including those related to traumatic stress and depression.